

## **A Guide to Using This Information**

### **Purpose**

This document provides estimates of health-risking behaviors and health screening practices for adults in Wisconsin, Division of Health Regions and selected counties based primarily on responses to the Behavioral Risk Factor Survey. The estimates can be used for local and regional community assessments.

### **Table Layout**

The following tables consist of percentages (or estimates), confidence intervals, and sample sizes (the number of adults interviewed). The percentages are weighted to estimate the proportion of the adult population engaged in certain health-risking behaviors and the proportion utilizing certain health screening procedures.

The confidence interval can be thought of as a range of “good” estimates. For example, the percentage of current smokers for the Southern Region is estimated to be 24 percent, but the confidence interval is 22 to 26 percent (24 percent plus or minus 2 percent). A much stronger inference can be made using the confidence interval than the point estimates alone because, over all possible samples, the probability is approximately 95 percent that the confidence interval contains the true population value.

It is important to consider confidence intervals before making assumptions about the significance of differences in estimates between areas. We caution against labeling one estimate as higher or lower than another unless the confidence intervals do not overlap. We did not conduct tests of statistically significant differences for this report.

### **Areas of Analysis: Regions, Counties, County Groups**

The annual Wisconsin Behavioral Risk Factor Surveys of 1989-1994 provide most of the data for these tables. To provide the maximum number of small-area estimates, six years of survey data were combined for most variables, and two to five years were combined for all other variables. Combining several years of data was necessary to obtain large enough sample sizes to provide estimates for individual counties. A minimum of 100 respondents or cases within an area was established as a base for producing estimates. Because of this, estimated percentages could not be calculated for many counties.

For every variable, estimates are produced for the state, all five Division of Health regions, county groups and various counties depending on sample size. County groups were designed based on location, similarity in demographics, and sample size, in consultation with Regional Office Directors in the Division of Health. These county groups exclude counties for which

separate estimates are provided. There are a few instances (such as Menominee County) where counties were neither estimated separately nor combined with a group (due to lack of similarity with other counties). In these cases, counties will need to consult their regional data. County groups change somewhat from table to table due to increases or decreases in sample sizes. For instance, questions on blood pressure screening were asked only in 1991, 1992 and 1993, producing much smaller sample sizes for individual counties. For tables based on such questions, the county groups needed to be reorganized to produce estimates based on 100 or more interviews.

## **Trends**

The percentages shown in these tables are averages, based on information combined from several years (three to six) of data. Since the percentages are averages, they may not accurately reflect the present state of affairs, especially if the percentages have changed significantly over those years. To test for statistically significant increasing or decreasing trends, statewide analyses were conducted for all variables. Statistically significant statewide trends are noted; these trends may have existed for the smaller areas as well. For example, as noted on the table for "Current Cigarette Smokers," there has been a decline in the percentage of current smokers for the state as a whole for the period 1989 to 1994. The percentage of current smokers presented in its respective table for the state of Wisconsin (25 percent) is an average of the estimates for each individual year from 1989 to 1994, and is higher than the most recent estimate for 1994.

## **Data Sources**

With the exception of the final table on health care coverage, all of the following tables are based on data from the Wisconsin Behavioral Risk Factor Survey (BRFS). The BRFS is a representative, statewide telephone survey of Wisconsin household residents 18 years old and older. This survey collects information about health-risking behaviors and attitudes, as well as use of preventive health services, from randomly-selected adults. Interviews are conducted throughout the year. Between 1989 and 1994 the annual number of interviews ranged from 1,260 to 1,567.

Designed by the federal Centers for Disease Control and Prevention, the Wisconsin BRFS is coordinated by the Center for Health Statistics, Division of Health, Department of Health and Social Services. This survey employs a stratified sample design, and results are weighted to account for nonresponse, sample design and number of adults in each household. Additional post-stratification weights on BRFS data adjust for the age-sex distribution of Wisconsin's adult population. The sampling and interviewing were conducted by the Wisconsin Survey Research Laboratory, University of Wisconsin-Extension.

Over the years, the wording of questions in the BRFS used to produce the following estimates has remained consistent, with only minor variations.

These tables estimate the percentage of adults who engage in health-risking behaviors and the percentage who utilize particular health screening procedures. Most survey respondents answered all questions. Depending on the variable, the percentage who did not or could not answer particular questions varied from less than 1 percent to 3 percent statewide.

The health care coverage table is based on data from the 1993 and 1994 Wisconsin Family Health Survey (FHS). The FHS is a statewide telephone survey using a stratified random sample of households in Wisconsin. One person in each household, who is most knowledgeable about the health of household members, answers the questions on behalf of all household members. Interviews are conducted throughout the year. During 1994, interviews were conducted with 2,538 households comprising 6,796 persons; in 1993, 2,570 households with 6,959 persons were included in the survey. The completed interviews were weighted to represent the nonrespondents and to correct for the disproportionate sampling rates.

The completed samples for both surveys are considered to be representative of the Wisconsin household population (FHS) and the Wisconsin adult population (BRFS), although they do not include any households without telephones (about 3 percent of all households) and minority populations are somewhat underrepresented. Persons living in institutions such as nursing homes, college dormitories, and prisons are not represented.

Further information about the data sources is available from Pamela Imm at the Center for Health Statistics, Department of Health and Social Services, P.O. Box 309, Madison, WI 53701-0309 (telephone 608-261-8388).